

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0120	I	FROM 5/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 4/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 9/23/2009 TIME 8:43

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 PEKIN MEMORIAL HOSPITAL 14-0120

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	34,202	-24,570	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	-84	0	
100	TOTAL	0	34,202	-24,654	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 1 6120 37900

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	25.05%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07 OTHER	6.06%	Y
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE 1 2 3
 N Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 8/26/2009

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	28,082,417		28,082,417	1,196,255.30	23.48	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	1,865,000		1,865,000	21,444.80	86.97	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL	1,670,925		1,670,925	45,011.20	37.12	
8 SNF	909,309		909,309	44,387.20	20.49	
8.01 EXCLUDED AREA SALARIES	479,073		479,073	19,052.80	25.14	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,315,706		1,315,706	36,850.70	35.70	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	1,410,045		1,410,045	38,119.58	36.99	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	5,616,001		5,616,001			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	318,771		318,771			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	211,422		211,422			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		341,388	341,388	10,400.00	32.83	
22 ADMINISTRATIVE & GENERAL	4,438,841	-341,388	4,097,453	191,692.80	21.38	
22.01 A & G UNDER CONTRACT	860,714		860,714	4,166.56	206.58	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	607,609		607,609	27,747.20	21.90	
25 LAUNDRY & LINEN SERVICE	149,915		149,915	12,334.40	12.15	
26 HOUSEKEEPING	752,824		752,824	70,636.80	10.66	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	556,768	-305,326	251,442	22,243.78	11.30	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		305,326	305,326	27,010.62	11.30	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,079,576		1,079,576	30,347.20	35.57	
31 CENTRAL SERVICE AND SUPPLY	111,756		111,756	7,696.00	14.52	
32 PHARMACY	759,205		759,205	23,753.60	31.96	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	641,277		641,277	38,521.60	16.65	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	25,407,206		25,407,206	1,133,965.86	22.41	
2 EXCLUDED AREA SALARIES	1,388,382		1,388,382	63,440.00	21.88	
3 SUBTOTAL SALARIES	24,018,824		24,018,824	1,070,525.86	22.44	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,725,751		2,725,751	74,970.28	36.36	
5 SUBTOTAL WAGE-RELATED COSTS	5,616,001		5,616,001		23.38	
6 TOTAL	32,360,576		32,360,576	1,145,496.14	28.25	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	9,958,485		9,958,485	466,550.56	21.34	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	808	0	32
2 UNDUPLICATED CENSUS COUNT		449.00	19.00	91.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	840
2 UNDUPLICATED CENSUS COUNT	559.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.01		2.01
6 DIRECTING NURSING SERVICE	4.00		4.00
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		3.37	3.37
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		.07	.07
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.02	.02
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.00		1.00
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 2 0

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). 6120

20.01 9914

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	2,320	46	34	99
22 SKILLED NURSING VISIT CHARGES	319,345	6,305	4,763	13,569
23 PHYSICAL THERAPY VISITS	1,899	1	6	62
24 PHYSICAL THERAPY VISIT CHARGES	284,584	150	899	9,291
25 OCCUPATIONAL THERAPY VISITS	74	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	11,164	0	0	0
27 SPEECH PATHOLOGY VISITS	22	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,582	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	750	0	0	14
32 HOME HEALTH AIDE VISIT CHARGES	46,537	0	0	869
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,065	47	40	175
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	665,212	6,455	5,662	23,729
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	351	0	13	15
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	11,023	443	774	984

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0120
 HHA NO: 14-7057
 COUNTY: TAZWELL
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET S-4

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON
 OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,499
22 SKILLED NURSING VISIT CHARGES	0	0	343,982
23 PHYSICAL THERAPY VISITS	0	0	1,968
24 PHYSICAL THERAPY VISIT CHARGES	0	0	294,924
25 OCCUPATIONAL THERAPY VISITS	0	0	74
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	11,164
27 SPEECH PATHOLOGY VISITS	0	0	22
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,582
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	764
32 HOME HEALTH AIDE VISIT CHARGES	0	0	47,406
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,327
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	701,058
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	379
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	13,224

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/23/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		28				
3	RUA		12				
3.01	RUX		24				
3.02	RUL		61				
4	RVC						
5	RVB		54				
6	RVA		1				
6.01	RVX		109				
6.02	RVL		450				
7	RHC		74				
8	RHB		128				
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		41				
12	RMA		13				
12.01	RMX		460				
12.02	RML		1,400				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		183				
16	SE2		176				
17	SE1						
18	SSC						
19	SSB						
20	SSA		29				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		10				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		3,253				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9299
 Wage Index Factor (after 10/01) : 0.9038
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/23/2009
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED SNF DAYS 4.06	TOTAL 5
			RUGs	DAYS		
1	RUC					
2	RUB					
3	RUA					
3 .01	RUX					
3 .02	RUL					
4	RVC					
5	RVB					
6	RVA					
6 .01	RVX					
6 .02	RVL					
7	RHC					
8	RHB					
9	RHA					
9 .01	RHX					
9 .02	RHL					
10	RMC					
11	RMB					
12	RMA					
12 .01	RMX					
12 .02	RML					
13	RLB					
14	RLA					
14 .01	RLX					
15	SE3					
16	SE2					
17	SE1					
18	SSC					
19	SSB					
20	SSA					
21	CC2					
22	CC1					
23	CB2					
24	CB1					
25	CA2					
26	CA1					
27	IB2					
28	IB1					
29	IA2					
30	IA1					
31	BB2					
32	BB1					
33	BA2					
34	BA1					
35	PE2					
36	PE1					
37	PD2					
38	PD1					
39	PC2					
40	PC1					
41	PB2					
42	PB1					
43	PA2					
44	PA1					
45	Default					
46	TOTAL					

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9299
 Wage Index Factor (after 10/01) : 0.9038
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-0120

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

GROUP(1)		M3PI REVENUE CODE	SERVICES BASE RATE	PRIOR TO RATE	OCTOBER 1ST DAYS	SERVICES BASE RATE	ON OR AFTER RATE	OCTOBER 1ST DAYS
1			3a	3	3.01	4a	4	4.01
1	RUC		485.83			493.35		
2	RUB		445.40	445.40	28	452.29		
3	RUA		424.49	424.49	12	431.06		
3.01	RUX		572.26	572.26	24	581.11		
3.02	RUL		502.56	502.56	61	510.34		
4	RVC		390.66			396.69		
5	RVB		371.15	371.15	54	376.88		
6	RVA		333.51	333.51	1	338.66		
6.01	RVX		433.87	433.87	109	440.58		
6.02	RVL		404.59	404.59	450	410.84		
7	RHC		339.91	339.91	74	345.16		
8	RHB		324.58	324.58	128	329.59		
9	RHA		300.88			305.53		
9.01	RHX		367.79			373.47		
9.02	RHL		360.82			366.39		
10	RMC		312.30			317.13		
11	RMB		303.95	303.95	41	308.64		
12	RMA		296.97	296.97	13	301.56		
12.01	RMX		421.04	421.04	460	427.54		
12.02	RML		386.19	386.19	1,400	392.15		
13	RLB		275.22			279.46		
14	RLA		234.79			238.41		
14.01	RLX		298.91			303.53		
15	SE3		344.25	344.25	183	349.57		
16	SE2		292.67	292.67	176	297.19		
17	SE1		260.61			264.64		
18	SSC		256.43			260.39		
19	SSB		242.49			246.24		
20	SSA		238.31	238.31	29	241.99		
21	CC2		255.04			258.97		
22	CC1		232.74			236.32		
23	CB2		221.58			225.01		
24	CB1		211.82			215.09		
25	CA2		210.43			213.68		
26	CA1		196.49	196.49	10	199.52		
27	IB2		188.13			191.03		
28	IB1		185.34			188.20		
29	IA2		170.00			172.63		
30	IA1		163.04			165.55		
31	BB2		186.73			189.61		
32	BB1		181.16			183.95		
33	BA2		168.61			171.21		
34	BA1		157.45			159.88		
35	PE2		203.46			206.60		
36	PE1		199.28			202.36		
37	PD2		193.70			196.70		
38	PD1		190.91			193.86		
39	PC2		183.94			186.79		
40	PC1		181.16			183.95		
41	PB2		161.64			164.14		
42	PB1		160.24			162.72		
43	PA2		158.85			161.30		
44	PA1		154.67			157.06		
45	Default		154.67			157.06		
46	TOTAL				3,253			

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9299
 Wage Index Factor (after 10/01) : 0.9038
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET S-7
 NOT A CMS WORKSHEET
 SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		S W I N G		TOTAL	
			SERV PRI OR TO OCT. 1ST	RATE	SERV ON/AFTER OCT. 1ST	RATE		BED SNF
	1	2	4.02	4.03	4.04	4.05	4.06	5
1	RUC		1,107.69		1,124.84			
2	RUB		1,015.51		1,031.22			12,471
3	RUA		967.84		982.82			5,094
3.01	RUX		1,304.75		1,324.93			13,734
3.02	RUL		1,145.84		1,163.58			30,656
4	RVC		890.70		904.45			
5	RVB		846.22		859.29			20,042
6	RVA		760.40		772.14			334
6.01	RVX		989.22		1,004.52			47,292
6.02	RVL		922.47		936.72			182,066
7	RHC		774.99		786.96			25,153
8	RHB		740.04		751.47			41,546
9	RHA		686.01		696.61			
9.01	RHX		838.56		851.51			
9.02	RHL		822.67		835.37			
10	RMC		712.04		723.06			
11	RMB		693.01		703.70			12,462
12	RMA		677.09		687.56			3,861
12.01	RMX		959.97		974.79			193,678
12.02	RML		880.51		894.10			540,666
13	RLB		627.50		637.17			
14	RLA		535.32		543.57			
14.01	RLX		681.51		692.05			
15	SE3		784.89		797.02			62,998
16	SE2		667.29		677.59			51,510
17	SE1		594.19		603.38			
18	SSC		584.66		593.69			
19	SSB		552.88		561.43			
20	SSA		543.35		551.74			6,911
21	CC2		581.49		590.45			
22	CC1		530.65		538.81			
23	CB2		505.20		513.02			
24	CB1		482.95		490.41			
25	CA2		479.78		487.19			
26	CA1		448.00		454.91			1,965
27	IB2		428.94		435.55			
28	IB1		422.58		429.10			
29	IA2		387.60		393.60			
30	IA1		371.73		377.45			
31	BB2		425.74		432.31			
32	BB1		413.04		419.41			
33	BA2		384.43		390.36			
34	BA1		358.99		364.53			
35	PE2		463.89		471.05			
36	PE1		454.36		461.38			
37	PD2		441.64		448.48			
38	PD1		435.27		442.00			
39	PC2		419.38		425.88			
40	PC1		413.04		419.41			
41	PB2		368.54		374.24			
42	PB1		365.35		371.00			
43	PA2		362.18		367.76			
44	PA1		352.65		358.10			
45	Default		352.65		358.10			
46	TOTAL							1,252,439

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9299
 Wage Index Factor (after 10/01) : 0.9038
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 6120
 SNF CBSA Code : 37900

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2008	9/23/2009
	TO 4/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 29,185,784
17.01	GROSS MEDICAID REVENUES
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 29,185,784
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .249519
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 29,185,784

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2008	9/23/2009
	TO 4/30/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,282,408
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,057,354
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,261,906
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	7,282,408

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0120
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009 II PREPARED 9/23/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,618,416	1,618,416	912,546	2,530,962
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,358,160	2,358,160	55,738	2,413,898
5	0500 EMPLOYEE BENEFITS		6,020,165	6,020,165	922,629	6,942,794
6	0600 ADMINISTRATIVE & GENERAL	4,438,841	9,621,663	14,060,504	-2,458,579	11,601,925
8	0800 OPERATION OF PLANT	607,609	1,624,435	2,232,044	-200	2,231,844
9	0900 LAUNDRY & LINEN SERVICE	149,915	129,929	279,844		279,844
10	1000 HOUSEKEEPING	752,824	361,778	1,114,602		1,114,602
11	1100 DIETARY	556,768	842,903	1,399,671	-767,566	632,105
12	1200 CAFETERIA				767,566	767,566
14	1400 NURSING ADMINISTRATION	1,079,576	57,395	1,136,971	-905	1,136,066
15	1500 CENTRAL SERVICES & SUPPLY	111,756	281,724	393,480	-254,174	139,306
16	1600 PHARMACY	759,205	2,277,623	3,036,828	-2,056,820	980,008
17	1700 MEDICAL RECORDS & LIBRARY	641,277	142,834	784,111	-1,100	783,011
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,808,612	514,882	6,323,494	-1,045,997	5,277,497
26	2600 INTENSIVE CARE UNIT	1,176,369	32,733	1,209,102		1,237,276
33	3300 NURSERY				286,828	286,828
34	3400 SKILLED NURSING FACILITY	909,309	77,171	986,480	-15,775	970,705
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,217,339	3,511,812	5,729,151	-2,904,924	2,824,227
39	3900 DELIVERY ROOM & LABOR ROOM				598,903	598,903
40	4000 ANESTHESIOLOGY	1,896,675	203,257	2,099,932	-91,714	2,008,218
41	4100 RADIOLOGY-DIAGNOSTIC	1,884,402	1,183,561	3,067,963	-332,401	2,735,562
42	4200 RADIOLOGY-THERAPEUTIC	153,371	349,184	502,555	-180	502,375
43	4300 RADIOISOTOPE	349,754	311,944	661,698	95,116	756,814
44	4400 LABORATORY	1,103,883	1,142,338	2,246,221	-22,951	2,223,270
47	4700 BLOOD STORING, PROCESSING & TRANS.		544,365	544,365	35,140	579,505
49	4900 RESPIRATORY THERAPY	394,231	88,937	483,168	-39,136	444,032
50	5000 PHYSICAL THERAPY		738,681	738,681	-1,414	737,267
51	5100 OCCUPATIONAL THERAPY		201,057	201,057	-227	200,830
52	5200 SPEECH PATHOLOGY		156,852	156,852	4,083	160,935
53	5300 ELECTROCARDIOLOGY	443,979	262,247	706,226	6,602	712,828
54	5400 ELECTROENCEPHALOGRAPHY	892	137,331	138,223	2,378	140,601
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,742,782	4,742,782
56	5600 DRUGS CHARGED TO PATIENTS				2,159,067	2,159,067
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 URGENT CARE CLINIC				210,135	210,135
61	6100 EMERGENCY	2,166,757	1,267,721	3,434,478	43,245	3,477,723
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	425,312	283,702	709,014	-9,020	699,994
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		867,849	867,849	-867,849	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	28,028,656	37,212,649	65,241,305	-0-	65,241,305
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	53,761	14,518	68,279		68,279
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7950 RENTED SPACE					
101	TOTAL	28,082,417	37,227,167	65,309,584	-0-	65,309,584

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0120
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 9/23/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-151,100	2,379,862
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-103,097	2,310,801
5	0500 EMPLOYEE BENEFITS	-322,487	6,620,307
6	0600 ADMINISTRATIVE & GENERAL	-2,029,176	9,572,749
8	0800 OPERATION OF PLANT		2,231,844
9	0900 LAUNDRY & LINEN SERVICE	-4,534	275,310
10	1000 HOUSEKEEPING		1,114,602
11	1100 DIETARY	-164,722	467,383
12	1200 CAFETERIA	-316,941	450,625
14	1400 NURSING ADMINISTRATION	-14,990	1,121,076
15	1500 CENTRAL SERVICES & SUPPLY		139,306
16	1600 PHARMACY	-780	979,228
17	1700 MEDICAL RECORDS & LIBRARY	-29,730	753,281
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,450	5,276,047
26	2600 INTENSIVE CARE UNIT		1,237,276
33	3300 NURSERY	-1,076	285,752
34	3400 SKILLED NURSING FACILITY	-14,783	955,922
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,824,227
39	3900 DELIVERY ROOM & LABOR ROOM		598,903
40	4000 ANESTHESIOLOGY	-1,865,000	143,218
41	4100 RADIOLOGY-DIAGNOSTIC	-15,931	2,719,631
42	4200 RADIOLOGY-THERAPEUTIC		502,375
43	4300 RADIOISOTOPE		756,814
44	4400 LABORATORY	-74,385	2,148,885
47	4700 BLOOD STORING, PROCESSING & TRANS.		579,505
49	4900 RESPIRATORY THERAPY		444,032
50	5000 PHYSICAL THERAPY	-3,889	733,378
51	5100 OCCUPATIONAL THERAPY		200,830
52	5200 SPEECH PATHOLOGY		160,935
53	5300 ELECTROCARDIOLOGY	-253,190	459,638
54	5400 ELECTROENCEPHALOGRAPHY	-132,975	7,626
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,742,782
56	5600 DRUGS CHARGED TO PATIENTS		2,159,067
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 URGENT CARE CLINIC		210,135
61	6100 EMERGENCY	-1,345,116	2,132,607
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		699,994
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-6,845,352	58,395,953
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		68,279
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7952 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7950 RENTED SPACE		
101	TOTAL	-6,845,352	58,464,232

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	URGENT CARE CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTED SPACE	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140120

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS BLOOD SALARIES FROM LAB	A	BLOOD STORING, PROCESSING & TRANS.	47	51,595	
2 TO RECLASS BILLABLE DRUGS	B	DRUGS CHARGED TO PATIENTS	56		2,159,067
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14 TO RECLASS CAFETERIA COSTS	C	CAFETERIA	12	305,326	462,240
15 TO RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		867,849
16 TO RECLASS LDR EXPENSES	E	NURSERY	33	268,204	10,538
17		DELIVERY ROOM & LABOR ROOM	39	560,014	22,004
18 TO RECLASS SERVICE COSTS	F	CENTRAL SERVICES & SUPPLY	15		38,471
19		ADULTS & PEDIATRICS	25		18,774
20		INTENSIVE CARE UNIT	26		36,746
21		NURSERY	33		8,086
22		SKILLED NURSING FACILITY	34		2,511
23		OPERATING ROOM	37		125,374
24		DELIVERY ROOM & LABOR ROOM	39		16,885
25		ANESTHESIOLOGY	40		40,251
26		RADIOLOGY-DIAGNOSTIC	41		323,762
27		RADIOLOGY-THERAPEUTIC	42		6,631
28		RADIOISOTOPE	43		201,752
29		LABORATORY	44		82,128
30		RESPIRATORY THERAPY	49		27,275
31		PHYSICAL THERAPY	50		3,852
32		SPEECH PATHOLOGY	52		4,320
33		ELECTROCARDIOLOGY	53		14,188
34		ELECTROENCEPHALOGRAPHY	54		2,380
35		EMERGENCY	61		22,643
1 TO RECLASS SERVICE COSTS	F	URGENT CARE CLINIC	60.01		10,023
2 TO RECLASS SUPPLY COSTS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,742,782
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 TO RECLASS HUMAN RESOURCES	I	EMPLOYEE BENEFITS	5	341,388	581,241
25 TO RECLASS TELEPHONE EXPENSE	J	ADMINISTRATIVE & GENERAL	6		14,441
26					
27					
28					
29 TO RECLASS ER PHYSICIAN INSURANCE	K	EMERGENCY	61		458,969
30 TO RECLASS MRI LEASE EXPENSE	L	RADIOLOGY-DIAGNOSTIC	41		4,935
31 TO RECLASS INSURANCE EXPENSE	M	OTHER CAPITAL RELATED COSTS	90		100,435
32 TO RECLASS URGENT CARE EXPENSE	N	URGENT CARE CLINIC	60.01	187,271	45,420
36 TOTAL RECLASSIFICATIONS				1,713,798	10,455,973

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140120

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS BLOOD SALARIES FROM LAB	A	LABORATORY	44	51,595		
2 TO RECLASS BILLABLE DRUGS	B	ADULTS & PEDIATRICS	25		872	
3		INTENSIVE CARE UNIT	26		2	
4		OPERATING ROOM	37		20,188	
5		ANESTHESIOLOGY	40		3,257	
6		RADIOLOGY-DIAGNOSTIC	41		9,613	
7		RADIOLOGY-THERAPEUTIC	42		716	
8		RADIOISOTOPE	43		48,303	
9		BLOOD STORING, PROCESSING & TRANS.	47		15,600	
10		CENTRAL SERVICES & SUPPLY	15		23,469	
11		PHARMACY	16		2,026,753	
12		EMERGENCY	61		10,274	
13		URGENT CARE CLINIC	60.01		20	
14 TO RECLASS CAFETERIA COSTS	C	DIETARY	11	305,326	462,240	
15 TO RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88		867,849	11
16 TO RECLASS LDR EXPENSES	E	ADULTS & PEDIATRICS	25	828,218	32,542	
17						
18 TO RECLASS SERVICE COSTS	F	ADMINISTRATIVE & GENERAL	6		986,052	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 TO RECLASS SERVICE COSTS	F					
2 TO RECLASS SUPPLY COSTS	G	NURSING ADMINISTRATION	14		905	
3		ADULTS & PEDIATRICS	25		203,139	
4		INTENSIVE CARE UNIT	26		8,570	
5		SKILLED NURSING FACILITY	34		18,286	
6		OPERATING ROOM	37		3,010,110	
7		ANESTHESIOLOGY	40		128,708	
8		RADIOLOGY-DIAGNOSTIC	41		639,176	
9		RADIOLOGY-THERAPEUTIC	42		6,095	
10		RADIOISOTOPE	43		58,333	
11		LABORATORY	44		53,484	
12		BLOOD STORING, PROCESSING & TRANS.	47		855	
13		RESPIRATORY THERAPY	49		66,411	
14		PHYSICAL THERAPY	50		5,266	
15		OCCUPATIONAL THERAPY	51		227	
16		SPEECH PATHOLOGY	52		237	
17		ELECTROCARDIOLOGY	53		7,586	
18		ELECTROENCEPHALOGRAPHY	54		2	
19		PHARMACY	16		30,067	
20		EMERGENCY	61		195,402	
21		HOME HEALTH AGENCY	71		8,188	
22		CENTRAL SERVICES & SUPPLY	15		269,176	
23		URGENT CARE CLINIC	60.01		32,559	
24 TO RECLASS HUMAN RESOURCES	I	ADMINISTRATIVE & GENERAL	6	341,388	581,241	
25 TO RECLASS TELEPHONE EXPENSE	J	MEDICAL RECORDS & LIBRARY	17		1,100	
26		RADIOLOGY-DIAGNOSTIC	41		12,309	
27		HOME HEALTH AGENCY	71		832	
28		OPERATION OF PLANT	8		200	
29 TO RECLASS ER PHYSICIAN INSURANCE	K	ADMINISTRATIVE & GENERAL	6		458,969	
30 TO RECLASS MRI LEASE EXPENSE	L	ADMINISTRATIVE & GENERAL	6		4,935	
31 TO RECLASS INSURANCE EXPENSE	M	ADMINISTRATIVE & GENERAL	6		100,435	
32 TO RECLASS URGENT CARE EXPENSE	N	EMERGENCY	61	187,271	45,420	
36 TOTAL RECLASSIFICATIONS				1,713,798	10,455,973	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140120

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS BLOOD SALARIES FROM LAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	51,595	LABORATORY	44	51,595	
TOTAL RECLASSIFICATIONS FOR CODE A			51,595				

RECLASS CODE: B
EXPLANATION : TO RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,159,067	ADULTS & PEDIATRICS	25	872	
2.00			0	INTENSIVE CARE UNIT	26	2	
3.00			0	OPERATING ROOM	37	20,188	
4.00			0	ANESTHESIOLOGY	40	3,257	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	9,613	
6.00			0	RADIOLOGY-THERAPEUTIC	42	716	
7.00			0	RADIOISOTOPE	43	48,303	
8.00			0	BLOOD STORING, PROCESSING & TR	47	15,600	
9.00			0	CENTRAL SERVICES & SUPPLY	15	23,469	
10.00			0	PHARMACY	16	2,026,753	
11.00			0	EMERGENCY	61	10,274	
12.00			0	URGENT CARE CLINIC	60.01	20	
TOTAL RECLASSIFICATIONS FOR CODE B			2,159,067	2,159,067			

RECLASS CODE: C
EXPLANATION : TO RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	767,566	DIETARY	11	767,566	
TOTAL RECLASSIFICATIONS FOR CODE C			767,566	767,566			

RECLASS CODE: D
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	867,849	INTEREST EXPENSE	88	867,849	
TOTAL RECLASSIFICATIONS FOR CODE D			867,849	867,849			

RECLASS CODE: E
EXPLANATION : TO RECLASS LDR EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	278,742	ADULTS & PEDIATRICS	25	860,760	
2.00	DELIVERY ROOM & LABOR ROOM	39	582,018			0	
TOTAL RECLASSIFICATIONS FOR CODE E			860,760	860,760			

RECLASS CODE: F
EXPLANATION : TO RECLASS SERVICE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	38,471	ADMINISTRATIVE & GENERAL	6	986,052	
2.00	ADULTS & PEDIATRICS	25	18,774			0	
3.00	INTENSIVE CARE UNIT	26	36,746			0	
4.00	NURSERY	33	8,086			0	
5.00	SKILLED NURSING FACILITY	34	2,511			0	
6.00	OPERATING ROOM	37	125,374			0	
7.00	DELIVERY ROOM & LABOR ROOM	39	16,885			0	
8.00	ANESTHESIOLOGY	40	40,251			0	
9.00	RADIOLOGY-DIAGNOSTIC	41	323,762			0	
10.00	RADIOLOGY-THERAPEUTIC	42	6,631			0	
11.00	RADIOISOTOPE	43	201,752			0	
12.00	LABORATORY	44	82,128			0	
13.00	RESPIRATORY THERAPY	49	27,275			0	
14.00	PHYSICAL THERAPY	50	3,852			0	
15.00	SPEECH PATHOLOGY	52	4,320			0	
16.00	ELECTROCARDIOLOGY	53	14,188			0	
17.00	ELECTROENCEPHALOGRAPHY	54	2,380			0	
18.00	EMERGENCY	61	22,643			0	

RECLASSIFICATIONS

PROVIDER NO:
140120

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : TO RECLASS SERVICE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
19.00	URGENT CARE CLINIC	60.01	10,023
TOTAL RECLASSIFICATIONS FOR CODE F			986,052

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
TOTAL RECLASSIFICATIONS FOR CODE F			986,052

RECLASS CODE: G
EXPLANATION : TO RECLASS SUPPLY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,742,782
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			4,742,782

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NURSING ADMINISTRATION	14	905	
ADULTS & PEDIATRICS	25	203,139	
INTENSIVE CARE UNIT	26	8,570	
SKILLED NURSING FACILITY	34	18,286	
OPERATING ROOM	37	3,010,110	
ANESTHESIOLOGY	40	128,708	
RADIOLOGY-DIAGNOSTIC	41	639,176	
RADIOLOGY-THERAPEUTIC	42	6,095	
RADIOISOTOPE	43	58,333	
LABORATORY	44	53,484	
BLOOD STORING, PROCESSING & TR	47	855	
RESPIRATORY THERAPY	49	66,411	
PHYSICAL THERAPY	50	5,266	
OCCUPATIONAL THERAPY	51	227	
SPEECH PATHOLOGY	52	237	
ELECTROCARDIOLOGY	53	7,586	
ELECTROENCEPHALOGRAPHY	54	2	
PHARMACY	16	30,067	
EMERGENCY	61	195,402	
HOME HEALTH AGENCY	71	8,188	
CENTRAL SERVICES & SUPPLY	15	269,176	
URGENT CARE CLINIC	60.01	32,559	
TOTAL RECLASSIFICATIONS FOR CODE G			4,742,782

RECLASS CODE: I
EXPLANATION : TO RECLASS HUMAN RESOURCES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	922,629
TOTAL RECLASSIFICATIONS FOR CODE I			922,629

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	922,629	
TOTAL RECLASSIFICATIONS FOR CODE I			922,629

RECLASS CODE: J
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	14,441
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE J			14,441

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	1,100	
RADIOLOGY-DIAGNOSTIC	41	12,309	
HOME HEALTH AGENCY	71	832	
OPERATION OF PLANT	8	200	
TOTAL RECLASSIFICATIONS FOR CODE J			14,441

RECLASS CODE: K
EXPLANATION : TO RECLASS ER PHYSICIAN INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	458,969
TOTAL RECLASSIFICATIONS FOR CODE K			458,969

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	458,969	
TOTAL RECLASSIFICATIONS FOR CODE K			458,969

RECLASS CODE: L
EXPLANATION : TO RECLASS MRI LEASE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	4,935
TOTAL RECLASSIFICATIONS FOR CODE L			4,935

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	4,935	
TOTAL RECLASSIFICATIONS FOR CODE L			4,935

RECLASS CODE: M
EXPLANATION : TO RECLASS INSURANCE EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	100,435
TOTAL RECLASSIFICATIONS FOR CODE M			100,435

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	100,435	
TOTAL RECLASSIFICATIONS FOR CODE M			100,435

RECLASSIFICATIONS

PROVIDER NO:
140120

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PREPARED 9/23/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: N
EXPLANATION : TO RECLASS URGENT CARE EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	URGENT CARE CLINIC	232,691	60.01	EMERGENCY	232,691
TOTAL RECLASSIFICATIONS FOR CODE N		232,691			232,691

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,449,581					1,449,581	
2 LAND IMPROVEMENTS	1,494,307					1,494,307	
3 BUILDINGS & FIXTURE	11,554,361					11,554,361	
4 BUILDING IMPROVEMENT	15,963,277	977,781		977,781		16,941,058	
5 FIXED EQUIPMENT	13,388,306	1,155,878		1,155,878	69,031	14,475,153	
6 MOVABLE EQUIPMENT	21,215,395	1,840,271		1,840,271	133,477	22,922,189	
7 SUBTOTAL	65,065,227	3,973,930		3,973,930	202,508	68,836,649	
8 RECONCILING ITEMS							
9 TOTAL	65,065,227	3,973,930		3,973,930	202,508	68,836,649	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	
3	NEW CAP REL COSTS-BL	29,989,726		29,989,726	.445037	44,697			44,697
4	NEW CAP REL COSTS-MV	37,397,342		37,397,342	.554963	55,738			55,738
5	TOTAL	67,387,068		67,387,068	1.000000	100,435			100,435

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,628,540		652,531	44,697		54,094	2,379,862
4	NEW CAP REL COSTS-MV	2,255,063			55,738			2,310,801
5	TOTAL	3,883,603		652,531	100,435		54,094	4,690,663

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,564,322					54,094	1,618,416
4	NEW CAP REL COSTS-MV	2,358,160						2,358,160
5	TOTAL	3,922,482					54,094	3,976,576

* All lines numbers except line 5 are to be consistent with Workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-215,318	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,774,350			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-951,286			
15 LAUNDRY AND LINEN SERVICE	B	-4,534	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-316,941	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-29,730	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 WELLNESS CENTER AND AEROBICS CLASSES	B	-26,690	ELECTROCARDIOLOGY	53	
38 EDUCATION REVENUE	B	-13,990	NURSING ADMINISTRATION	14	
39 PHYSICAL THERAPY REVENUE	B	-3,889	PHYSICAL THERAPY	50	
40 SICKBAY REVENUE	B	-1,450	ADULTS & PEDIATRICS	25	
41 NURSERY REVENUE	B	-1,076	NURSERY	33	
42 CORONER AUTOPSY FEES	B	-6,885	LABORATORY	44	
43 MISCELLANEOUS OTHER INCOME	B	-26,259	ADMINISTRATIVE & GENERAL	6	
44 RADIOLOGY TRANSCRIPT REVENUE	B	-15,931	RADIOLOGY-DIAGNOSTIC	41	
45 DEPRECIATION LAPSING SCHEDULES	A	64,218	NEW CAP REL COSTS-BLDG &	3	9
46 ADVERTISING SALARIES	A	-145,931	ADMINISTRATIVE & GENERAL	6	
47 ADVERTISING EXPENSE	A	-429,542	ADMINISTRATIVE & GENERAL	6	
48 ADVERTISING BENEFITS	A	-31,284	EMPLOYEE BENEFITS	5	
49 LOBBYING EXPENSE	A	-25,132	ADMINISTRATIVE & GENERAL	6	
49.01 CRNA SALARIES	A	-1,865,000	ANESTHESIOLOGY	40	
49.02 CRNA EMPLOYEE BENEFITS	A	-164,514	EMPLOYEE BENEFITS	5	
49.03 CASH ADJUSTMENTS	A	118	ADMINISTRATIVE & GENERAL	6	
49.04 DIETARY MEALS	B	-164,722	DIETARY	11	
49.05 INTEREST PENALTIES	A	-401	ADMINISTRATIVE & GENERAL	6	
49.06 FEDERAL EXCISE TAX	A	-780	PHARMACY	16	
49.07 IDPA BED TAX	A	-14,783	SKILLED NURSING FACILITY	34	
49.08 COMMISSIONS	B	-1,000	ADMINISTRATIVE & GENERAL	6	
49.09 MRI GOODWILL AMORTIZATION	A	-674,724	ADMINISTRATIVE & GENERAL	6	
49.10 ADMIN FEE FLEX	B	-134	ADMINISTRATIVE & GENERAL	6	
49.11 COUNTRY CLUB DUES	A	-4,671	ADMINISTRATIVE & GENERAL	6	
49.12 EXCISE TAX	A	-225	ELECTROENCEPHALOGRAPHY	54	
49.13 ER BIO HAZARD GRANT NETTED W/ EXP	A	1,484	EMERGENCY	61	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,845,352			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1							
2	4	NEW CAP REL COSTS-MVBLE E	CAPITAL COSTS MME	487,417	590,514	-103,097	9
3	5	EMPLOYEE BENEFITS	HUMAN RESOURCES	795,940	922,629	-126,689	
4	6	ADMINISTRATIVE & GENERAL	PROVIDER TAX HOSPITAL	1,476,948	1,476,948		
4.01	6	ADMINISTRATIVE & GENERAL	ADMIN/IS/FINANCE	2,762,149	3,483,649	-721,500	
5		TOTALS		5,522,454	6,473,740	-951,286	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	PROGRSSIVE HEALTH SYSTEM	0.00	HEALTH CARE MANAGEMENT
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED: 9/23/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 54	SLEEP LAB/AGGREGATE	132,750	132,750					
2 14	NURSING ADMINISTRATION	1,000	1,000					
3 61	EMERGENCY/AGGREGATE	1,346,600	1,346,600					
4 44	LABORATORY/AGGREGATE	67,500	67,500					
5 53	EKG/AGGREGATE	226,500	226,500					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,774,350	1,774,350					

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 9/23/2009
 I 14-0120 I FROM 5/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 4/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	13	PATIENT	DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET B PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5		6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	2,379,862	2,379,862					
005 NEW CAP REL COSTS-MVBLE E	2,310,801		2,310,801				
006 EMPLOYEE BENEFITS	6,620,307	11,683	79	6,632,069			
008 ADMINISTRATIVE & GENERAL	9,572,749	658,232	608,393	1,018,525	11,857,899	11,857,899	
009 OPERATION OF PLANT	2,231,844	241,669	6,423	156,614	2,636,550	670,810	3,307,360
010 LAUNDRY & LINEN SERVICE	275,310	29,638	12,147	38,641	355,736	90,509	66,761
011 HOUSEKEEPING	1,114,602	2,338	6	194,044	1,310,990	333,551	5,267
012 DIETARY	467,383	47,617	14,963	64,810	594,773	151,326	107,258
014 CAFETERIA	450,625	15,783		78,699	545,107	138,690	35,551
015 NURSING ADMINISTRATION	1,121,076	18,002	56,065	278,266	1,473,409	374,875	40,551
016 CENTRAL SERVICES & SUPPLY	139,306	41,068	56,174	28,806	265,354	67,513	92,508
017 PHARMACY	979,228	13,429	6,439	195,689	1,194,785	303,986	30,249
025 MEDICAL RECORDS & LIBRARY	753,281	36,455	25,730	165,292	980,758	249,531	82,116
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,276,047	298,306	60,222	1,283,732	6,918,307	1,760,193	671,951
033 INTENSIVE CARE UNIT	1,237,276	31,486	28,439	303,215	1,600,416	407,189	70,924
034 NURSERY	285,752	8,176	14,553	69,131	377,612	96,075	18,416
035 SKILLED NURSING FACILITY	955,922	78,858	7,201	234,379	1,276,360	324,740	177,631
037 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,824,227	161,800	359,840	571,530	3,917,397	996,692	364,462
039 DELIVERY ROOM & LABOR ROOM	598,903	26,541	30,385	144,346	800,175	203,586	59,786
040 ANESTHESIOLOGY	143,218	861	43,607	8,164	195,850	49,830	1,939
041 RADIOLOGY-DIAGNOSTIC	2,719,631	117,572	343,353	485,714	3,666,270	932,798	264,836
042 RADIOLOGY-THERAPEUTIC	502,375	6,075	53,892	39,532	601,874	153,133	13,683
043 RADIOISOTOPE	756,814	13,745	346,067	90,151	1,206,777	307,037	30,960
044 LABORATORY	2,148,885	43,375	111,576	271,232	2,575,068	655,167	97,703
047 BLOOD STORAGE, PROCESSING	579,505		383	13,299	593,187	150,923	
049 RESPIRATORY THERAPY	444,032	12,054	20,052	101,615	577,753	146,996	27,153
050 PHYSICAL THERAPY	733,378	31,202	1,811		766,391	194,991	70,284
051 OCCUPATIONAL THERAPY	200,830	6,138			206,968	52,658	13,825
052 SPEECH PATHOLOGY	160,935	14,369			175,304	44,602	32,366
053 ELECTROCARDIOLOGY	459,638	39,299	67,618	114,438	680,993	173,263	88,522
054 ELECTROENCEPHALOGRAPHY	7,626	1,540		230	9,396	2,391	3,470
055 MEDICAL SUPPLIES CHARGED	4,742,782				4,742,782	1,206,692	
056 DRUGS CHARGED TO PATIENTS	2,159,067				2,159,067	549,325	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 URGENT CARE CLINIC	210,135	10,585	89	48,270	269,079	68,461	23,843
062 EMERGENCY	2,132,607	109,728	32,652	510,222	2,785,209	708,632	247,168
071 OBSERVATION BEDS (NON-DIS)							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	699,994	14,708	185	109,626	824,513	209,778	33,131
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	58,395,953	2,142,332	2,308,344	6,618,212	58,142,109	11,775,943	2,772,314
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	68,279	48,557	112	13,857	130,805	33,280	109,376
098 PHYSICIANS' PRIVATE OFFICE		156,112	252		156,364	39,783	351,650
100 OTHER NONREIMBURSABLE COST							
100 RENTED SPACE		32,861	2,093		34,954	8,893	74,020
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	58,464,232	2,379,862	2,310,801	6,632,069	58,464,232	11,857,899	3,307,360

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	513,006							
011 HOUSEKEEPING	9,452	1,659,260						
012 DIETARY		55,008	908,365					
014 CAFETERIA	27	18,233		737,608				
015 NURSING ADMINISTRATION		20,797		27,542	1,937,174			
016 CENTRAL SERVICES & SUPPLY	26,189	47,443		6,985		505,992		
017 PHARMACY	20	15,513		21,558		928	1,567,039	
025 MEDICAL RECORDS & LIBRARY		42,114		34,961		1,725		
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	137,860	344,616	657,819	193,621	1,341,579	5,253	2,001	
026 INTENSIVE CARE UNIT	78,315	36,374	73,950	36,490	137,438	912		
033 NURSERY	11,054	9,445		9,590	81,928	244	20	
034 SKILLED NURSING FACILITY	53,672	91,099	176,596	40,284	376,229	902	734	
035 NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM	67,721	186,916		79,492		7,399	2,187	
040 DELIVERY ROOM & LABOR ROO	23,082	30,661		20,010		509	43	
041 ANESTHESIOLOGY		995		1,907		551	23,737	
042 RADIOLOGY-DIAGNOSTIC	33,048	135,823		74,301		13,177	21,124	
043 RADIOLOGY-THERAPEUTIC		7,017		4,228		85	708	
044 RADIOISOTOPE		15,878		12,497		1,402	160	
047 LABORATORY	89	50,108		47,495		2,231	121	
049 BLOOD STORING, PROCESSING						42		
050 RESPIRATORY THERAPY	1,176	13,925		15,800		446	214	
051 PHYSICAL THERAPY	9,835	36,045				141		
052 OCCUPATIONAL THERAPY		7,090				61		
053 SPEECH PATHOLOGY		16,599				7		
054 ELECTROCARDIOLOGY	1,366	45,399		17,159		709	57	
055 ELECTROENCEPHALOGRAPHY	1,868	1,779				193	2,171	
056 MEDICAL SUPPLIES CHARGED						460,638	1,512,757	
060 DRUGS CHARGED TO PATIENTS								
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC								
061 URGENT CARE CLINIC		12,228		3,719		230		
062 EMERGENCY	53,505	126,761		72,677		7,920	838	
071 OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY		16,992		15,121		281	167	
SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	508,279	1,384,858	908,365	735,437	1,937,174	505,986	1,567,039	
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		56,094		2,171		6		
100 PHYSICIANS' PRIVATE OFFIC	4,727	180,346						
100 OTHER NONREIMBURSABLE COS								
101 RENTED SPACE		37,962						
102 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	513,006	1,659,260	908,365	737,608	1,937,174	505,992	1,567,039	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/ 1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	1,391,205			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	815,738	12,848,938		12,848,938
026 INTENSIVE CARE UNIT	39,643	2,481,651		2,481,651
033 NURSERY	59,725	664,109		664,109
034 SKILLED NURSING FACILITY	18,522	2,536,769		2,536,769
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
039 OPERATING ROOM	293,380	5,915,646		5,915,646
040 DELIVERY ROOM & LABOR ROOM		1,137,852		1,137,852
041 ANESTHESIOLOGY		274,809		274,809
042 RADIOLOGY-DIAGNOSTIC		5,141,377		5,141,377
043 RADIOLOGY-THERAPEUTIC		780,728		780,728
044 RADIOISOTOPE		1,574,711		1,574,711
047 LABORATORY		3,427,982		3,427,982
049 BLOOD STORAGE, PROCESSING		744,152		744,152
050 RESPIRATORY THERAPY	112,221	895,684		895,684
051 PHYSICAL THERAPY		1,077,687		1,077,687
052 OCCUPATIONAL THERAPY		280,602		280,602
053 SPEECH PATHOLOGY		268,878		268,878
054 ELECTROCARDIOLOGY		1,007,468		1,007,468
055 ELECTROENCEPHALOGRAPHY		21,268		21,268
056 MEDICAL SUPPLIES CHARGED		7,922,869		7,922,869
060 DRUGS CHARGED TO PATIENTS		2,708,392		2,708,392
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC				
061 01 URGENT CARE CLINIC		377,560		377,560
062 EMERGENCY	51,976	4,054,686		4,054,686
071 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		1,099,983		1,099,983
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	1,391,205	57,243,801		57,243,801
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP		331,732		331,732
100 PHYSICIANS' PRIVATE OFFIC		732,870		732,870
100 OTHER NONREIMBURSABLE COS				
100 01 RENTED SPACE		155,829		155,829
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,391,205	58,464,232		58,464,232

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		11,683	79	11,762	11,762		
008 ADMINISTRATIVE & GENERAL	43,232	658,232	608,393	1,309,857	1,806	1,311,663	
009 OPERATION OF PLANT	13,936	241,669	6,423	262,028	278	74,200	336,506
010 LAUNDRY & LINEN SERVICE		29,638	12,147	41,785	69	10,011	6,793
011 HOUSEKEEPING	120	2,338	6	2,464	344	36,895	536
012 DIETARY	330	47,617	14,963	62,910	115	16,739	10,913
014 CAFETERIA		15,783		15,783	140	15,341	3,617
015 NURSING ADMINISTRATION		18,002	56,065	74,067	493	41,466	4,126
016 CENTRAL SERVICES & SUPPLY	31,522	41,068	56,174	128,764	51	7,468	9,412
017 PHARMACY	201,360	13,429	6,439	221,228	347	33,625	3,078
025 MEDICAL RECORDS & LIBRARY		36,455	25,730	62,185	293	27,601	8,355
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	30,679	298,306	60,222	389,207	2,277	194,722	68,365
026 INTENSIVE CARE UNIT	7,241	31,486	28,439	67,166	538	45,041	7,216
033 NURSERY		8,176	14,553	22,729	123	10,627	1,874
034 SKILLED NURSING FACILITY	13,326	78,858	7,201	99,385	416	35,921	18,073
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		161,800	359,840	521,640	1,013	110,247	37,082
040 DELIVERY ROOM & LABOR ROO		26,541	30,385	56,926	256	22,519	6,083
041 ANESTHESIOLOGY	2,920	861	43,607	47,388	14	5,512	197
042 RADIOLOGY-DIAGNOSTIC	9,006	117,572	343,353	469,931	861	103,180	26,946
043 RADIOLOGY-THERAPEUTIC		6,075	53,892	59,967	70	16,939	1,392
044 RADIOISOTOPE		13,745	346,067	359,812	160	33,962	3,150
047 LABORATORY		43,375	111,576	154,951	481	72,470	9,941
049 BLOOD STORING, PROCESSING			383	383	24	16,694	
050 RESPIRATORY THERAPY	14,273	12,054	20,052	46,379	180	16,260	2,763
051 PHYSICAL THERAPY		31,202	1,811	33,013		21,569	7,151
052 OCCUPATIONAL THERAPY		6,138		6,138		5,825	1,407
053 SPEECH PATHOLOGY		14,369		14,369		4,934	3,293
054 ELECTROCARDIOLOGY		39,299	67,618	106,917	203	19,165	9,007
055 ELECTROENCEPHALOGRAPHY		1,540		1,540		264	353
056 MEDICAL SUPPLIES CHARGED						133,476	
060 DRUGS CHARGED TO PATIENTS						60,763	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 URGENT CARE CLINIC		10,585	89	10,674	86	7,573	2,426
062 EMERGENCY	1,707	109,728	32,652	144,087	905	78,384	25,148
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY		14,708	185	14,893	194	23,204	3,371
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	369,652	2,142,332	2,308,344	4,820,328	11,737	1,302,597	282,068
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		48,557	112	48,669	25	3,681	11,128
100 PHYSICIANS' PRIVATE OFFIC		156,112	252	156,364		4,401	35,779
100 OTHER NONREIMBURSABLE COS							
101 RENTED SPACE		32,861	2,093	34,954		984	7,531
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	369,652	2,379,862	2,310,801	5,060,315	11,762	1,311,663	336,506

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	58,658						
011 HOUSEKEEPING	1,081	41,320					
012 DIETARY		1,370	92,047				
014 CAFETERIA	3	454		35,338			
015 NURSING ADMINISTRATION		518		1,320	121,990		
016 CENTRAL SERVICES & SUPPLY	2,995	1,181		335		150,206	
017 PHARMACY	2	386		1,033		276	259,975
025 MEDICAL RECORDS & LIBRARY		1,049		1,675		512	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,762	8,580	66,658	9,276	84,484	1,559	332
026 INTENSIVE CARE UNIT	8,955	906	7,494	1,748	8,655	271	
033 NURSERY	1,264	235		459	5,159	72	3
034 SKILLED NURSING FACILITY	6,137	2,269	17,895	1,930	23,692	268	122
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	7,743	4,655		3,808		2,196	363
040 DELIVERY ROOM & LABOR ROO	2,639	764		959		151	7
041 ANESTHESIOLOGY		25		91		164	3,938
042 RADIOLOGY-DIAGNOSTIC	3,779	3,382		3,560		3,912	3,505
043 RADIOLOGY-THERAPEUTIC		175		203		25	118
044 RADIOISOTOPE		395		599		416	27
047 LABORATORY	10	1,248		2,275		662	20
049 BLOOD STORING, PROCESSING						12	
050 RESPIRATORY THERAPY	134	347		757		132	35
051 PHYSICAL THERAPY	1,125	898				42	
052 OCCUPATIONAL THERAPY		177				18	
053 SPEECH PATHOLOGY		413				2	
054 ELECTROCARDIOLOGY	156	1,131		822		211	9
055 ELECTROENCEPHALOGRAPHY	214	44				57	360
056 MEDICAL SUPPLIES CHARGED						136,744	250,969
060 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 URGENT CARE CLINIC		305		178		68	
062 EMERGENCY	6,118	3,157		3,482		2,351	139
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY		423		724		83	28
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	58,117	34,487	92,047	35,234	121,990	150,204	259,975
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,397		104		2	
100 PHYSICIANS' PRIVATE OFFIC	541	4,491					
100 OTHER NONREIMBURSABLE COS							
101 RENTED SPACE		945					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	58,658	41,320	92,047	35,338	121,990	150,206	259,975

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	101,670			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	59,615	900,837		900,837
033 INTENSIVE CARE UNIT	2,897	150,887		150,887
034 NURSERY	4,365	46,910		46,910
035 SKILLED NURSING FACILITY	1,354	207,462		207,462
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
039 OPERATING ROOM	21,440	710,187		710,187
040 DELIVERY ROOM & LABOR ROO		90,304		90,304
041 ANESTHESIOLOGY		57,329		57,329
042 RADIOLOGY-DIAGNOSTIC		619,056		619,056
043 RADIOLOGY-THERAPEUTIC		78,889		78,889
044 RADIOISOTOPE		398,521		398,521
047 LABORATORY		242,058		242,058
049 BLOOD STORAGE, PROCESSING		17,113		17,113
050 RESPIRATORY THERAPY	8,201	75,188		75,188
051 PHYSICAL THERAPY		63,798		63,798
052 OCCUPATIONAL THERAPY		13,565		13,565
053 SPEECH PATHOLOGY		23,011		23,011
054 ELECTROCARDIOLOGY		137,621		137,621
055 ELECTROENCEPHALOGRAPHY		2,832		2,832
056 MEDICAL SUPPLIES CHARGED		521,189		521,189
060 DRUGS CHARGED TO PATIENTS		60,763		60,763
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC				
061 01 URGENT CARE CLINIC		21,310		21,310
062 EMERGENCY	3,798	267,569		267,569
071 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		42,920		42,920
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	101,670	4,749,319		4,749,319
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP		65,006		65,006
100 PHYSICIANS' PRIVATE OFFIC		201,576		201,576
100 OTHER NONREIMBURSABLE COS				
100 01 RENTED SPACE		44,414		44,414
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	101,670	5,060,315		5,060,315

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 9/23/2009

14-0120

FROM 5/ 1/2008

WORKSHEET B-1

TO 4/30/2009

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMINISTRATIVE OPERATION OF	
	OSTS-BLDG &	OSTS-MVBLE E	FITS	E & GENERAL	PLANT
	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	(ACCUM. COST	(SQUARE FEET
	3	4	5	6	8
				6a.00	
003 GENERAL SERVICE COST					
004 NEW CAP REL COSTS-BLD	301,278				
005 NEW CAP REL COSTS-MVB		2,358,161			
006 EMPLOYEE BENEFITS	1,479	81	25,730,098		
008 ADMINISTRATIVE & GENE	83,329	620,860	3,951,522	-11,857,899	46,606,333
009 OPERATION OF PLANT	30,594	6,555	607,609		2,636,550
010 LAUNDRY & LINEN SERVI	3,752	12,396	149,915		355,736
011 HOUSEKEEPING	296	6	752,824		1,310,990
012 DIETARY	6,028	15,270	251,442		594,773
014 CAFETERIA	1,998		305,326		545,107
015 NURSING ADMINISTRATION	2,279	57,214	1,079,576		1,473,409
016 CENTRAL SERVICES & SU	5,199	57,325	111,756		265,354
017 PHARMACY	1,700	6,571	759,205		1,194,785
025 MEDICAL RECORDS & LIB	4,615	26,257	641,277		980,758
026 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS	37,764	61,456	4,980,394		6,918,307
033 INTENSIVE CARE UNIT	3,986	29,022	1,176,369		1,600,416
034 NURSERY	1,035	14,851	268,204		377,612
035 SKILLED NURSING FACIL	9,983	7,349	909,309		1,276,360
037 NURSING FACILITY					
039 ANCILLARY SRVC COST C					
040 OPERATING ROOM	20,483	367,215	2,217,339		3,917,397
041 DELIVERY ROOM & LABOR	3,360	31,008	560,014		800,175
042 ANESTHESIOLOGY	109	44,501	31,675		195,850
043 RADIOLOGY-DIAGNOSTIC	14,884	350,390	1,884,402		3,666,270
044 RADIOLOGY-THERAPEUTIC	769	54,997	153,371		601,874
047 RADIOISOTOPE	1,740	353,160	349,754		1,206,777
049 LABORATORY	5,491	113,863	1,052,288		2,575,068
050 BLOOD STORAGE, PROCES		391	51,595		593,187
051 RESPIRATORY THERAPY	1,526	20,463	394,231		577,753
052 PHYSICAL THERAPY	3,950	1,848			766,391
053 OCCUPATIONAL THERAPY	777				206,968
054 SPEECH PATHOLOGY	1,819				175,304
055 ELECTROCARDIOLOGY	4,975	69,004	443,979		680,993
056 ELECTROENCEPHALOGRAPH	195		892		9,396
060 MEDICAL SUPPLIES CHAR					4,742,782
061 DRUGS CHARGED TO PATI					2,159,067
062 OUTPAT SERVICE COST C					
060 CLINIC					
061 URGENT CARE CLINIC	1,340	91	187,271		269,079
062 EMERGENCY	13,891	33,321	1,979,486		2,785,209
071 OBSERVATION BEDS (NON					
095 OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY	1,862	189	425,312		824,513
095 SPEC PURPOSE COST CEN					
096 SUBTOTALS	271,208	2,355,654	25,676,337	-11,857,899	46,284,210
098 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE	6,147	114	53,761		130,805
098 PHYSICIANS' PRIVATE O	19,763	257			156,364
100 OTHER NONREIMBURSABLE					
100 RENTED SPACE	4,160	2,136			34,954
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	2,379,862	2,310,801	6,632,069		11,857,899
104 (WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER	7.899223		.257755		.254427
105 (WRKSHT B, PT I)		.979917			17.793368
105 COST TO BE ALLOCATED					
106 (WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER					
107 (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED			11,762		1,311,663
108 (WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER			.000457		.028143
108 (WRKSHT B, PT III)					1.810379

COST ALLOCATION - STATISTICAL BASIS

14-0120

FROM 5/ 1/2008

WORKSHEET B-1

TO 4/30/2009

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(FTES)	(PATIENT DAYS)	(COSTED EQUI S.)	R(COSTED EQUI S.)	
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	598,816							
010 HOUSEKEEPING	11,033	181,828						
011 DIETARY		6,028	69,672					
012 CAFETERIA	31	1,998		39,074				
014 NURSING ADMINISTRATION		2,279		1,459	22,439			
015 CENTRAL SERVICES & SUPPLY	30,570	5,199		370		5,238,491		
016 PHARMACY	23	1,700		1,142		9,610	2,236,541	
017 MEDICAL RECORDS & LIBRARY		4,615		1,852		17,861		
025 INPATIENT ROUTINE SERVICE								
026 ADULTS & PEDIATRICS	160,918	37,764	50,455	10,257	15,540	54,382	2,856	
026 INTENSIVE CARE UNIT	91,415	3,986	5,672	1,933	1,592	9,437		
033 NURSERY	12,903	1,035		508	949	2,524	29	
034 SKILLED NURSING FACILITY	62,650	9,983	13,545	2,134	4,358	9,337	1,047	
035 NURSING FACILITY								
037 ANCILLARY SERVICE COST CENTER								
039 OPERATING ROOM	79,049	20,483		4,211		76,599	3,121	
040 DELIVERY ROOM & LABOR	26,943	3,360		1,060		5,270	62	
040 ANESTHESIOLOGY		109		101		5,706	33,879	
041 RADIOLOGY-DIAGNOSTIC	38,576	14,884		3,936		136,417	30,149	
042 RADIOLOGY-THERAPEUTIC		769		224		876	1,011	
043 RADIOISOTOPE		1,740		662		14,519	229	
044 LABORATORY	104	5,491		2,516		23,094	172	
047 BLOOD STORAGE, PROCESSING						433		
049 RESPIRATORY THERAPY	1,373	1,526		837		4,620	305	
050 PHYSICAL THERAPY	11,480	3,950				1,456		
051 OCCUPATIONAL THERAPY		777				634		
052 SPEECH PATHOLOGY		1,819				70		
053 ELECTROCARDIOLOGY	1,595	4,975		909		7,345	81	
054 ELECTROENCEPHALOGRAPHY	2,180	195				1,994	3,099	
055 MEDICAL SUPPLIES CHARGED TO PATIENT						4,768,964	2,159,067	
056 DRUGS CHARGED TO PATIENT								
060 OUTPATIENT SERVICE COST CENTER								
060 CLINIC								
060 URGENT CARE CLINIC		1,340		197		2,379		
061 EMERGENCY	62,455	13,891		3,850		81,992	1,196	
062 OBSERVATION BEDS (NON-OTHER REIMBURSABLE COST CENTER)								
071 HOME HEALTH AGENCY		1,862		801		2,905	238	
095 SPECIFIC PURPOSE COST CENTER								
095 SUBTOTALS	593,298	151,758	69,672	38,959	22,439	5,238,424	2,236,541	
096 NONREIMBURSABLE COST CENTER								
096 GIFT, FLOWER, COFFEE		6,147		115		67		
098 PHYSICIANS' PRIVATE OFFICE	5,518	19,763						
100 OTHER NONREIMBURSABLE								
100 RENTED SPACE		4,160						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	513,006	1,659,260	908,365	737,608	1,937,174	505,992	1,567,039	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.856701	9.125437	13.037734	18.877207	86.330674	.096591	.700653	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	58,658	41,320	92,047	35,338	121,990	150,206	259,975	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.097957	.227248	1.321148	.904387	5.436517	.028674	.116240	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
025 MEDICAL RECORDS & LIB	29,443
026 INPAT ROUTINE SRVC CN	
033 ADULTS & PEDIATRICS	17,264
034 INTENSIVE CARE UNIT	839
035 NURSERY	1,264
037 SKILLED NURSING FACIL	392
039 NURSING FACILITY	
040 ANCILLARY SRVC COST C	
041 OPERATING ROOM	6,209
042 DELIVERY ROOM & LABOR	
043 ANESTHESIOLOGY	
044 RADIOLOGY-DIAGNOSTIC	
047 RADIOLOGY-THERAPEUTIC	
049 RADIOISOTOPE	
050 LABORATORY	
051 BLOOD STORING, PROCES	
052 RESPIRATORY THERAPY	2,375
053 PHYSICAL THERAPY	
054 OCCUPATIONAL THERAPY	
055 SPEECH PATHOLOGY	
056 ELECTROCARDIOLOGY	
060 ELECTROENCEPHALOGRAPH	
061 MEDICAL SUPPLIES CHAR	
062 DRUGS CHARGED TO PATI	
060 OUTPAT SERVICE COST C	
060 CLINIC	
061 01 URGENT CARE CLINIC	
062 EMERGENCY	1,100
071 OBSERVATION BEDS (NON	
095 OTHER REIMBURS COST C	
096 HOME HEALTH AGENCY	
098 SPEC PURPOSE COST CEN	
100 SUBTOTALS	29,443
101 NONREIMBURS COST CENT	
102 GIFT, FLOWER, COFFEE	
103 PHYSICIANS' PRIVATE O	
104 OTHER NONREIMBURSABLE	
105 01 RENTED SPACE	
106 CROSS FOOT ADJUSTMENT	
107 NEGATIVE COST CENTER	
108 COST TO BE ALLOCATED	1,391,205
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	47.250790
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	101,670
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	3.453113

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-0120

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,848,938		12,848,938		12,848,938
26	INTENSIVE CARE UNIT	2,481,651		2,481,651		2,481,651
33	NURSERY	664,109		664,109		664,109
34	SKILLED NURSING FACILITY	2,536,769		2,536,769		2,536,769
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,915,646		5,915,646		5,915,646
39	DELIVERY ROOM & LABOR ROO	1,137,852		1,137,852		1,137,852
40	ANESTHESIOLOGY	274,809		274,809		274,809
41	RADIOLOGY-DIAGNOSTIC	5,141,377		5,141,377		5,141,377
42	RADIOLOGY-THERAPEUTIC	780,728		780,728		780,728
43	RADIOISOTOPE	1,574,711		1,574,711		1,574,711
44	LABORATORY	3,427,982		3,427,982		3,427,982
47	BLOOD STORING, PROCESSING	744,152		744,152		744,152
49	RESPIRATORY THERAPY	895,684		895,684		895,684
50	PHYSICAL THERAPY	1,077,687		1,077,687		1,077,687
51	OCCUPATIONAL THERAPY	280,602		280,602		280,602
52	SPEECH PATHOLOGY	268,878		268,878		268,878
53	ELECTROCARDIOLOGY	1,007,468		1,007,468		1,007,468
54	ELECTROENCEPHALOGRAPHY	21,268		21,268		21,268
55	MEDICAL SUPPLIES CHARGED	7,922,869		7,922,869		7,922,869
56	DRUGS CHARGED TO PATIENTS	2,708,392		2,708,392		2,708,392
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE CLINIC	377,560		377,560		377,560
61	EMERGENCY	4,054,686		4,054,686		4,054,686
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,146,807		1,146,807		1,146,807
101	SUBTOTAL	57,290,625		57,290,625		57,290,625
102	LESS OBSERVATION BEDS	1,146,807		1,146,807		1,146,807
103	TOTAL	56,143,818		56,143,818		56,143,818

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-0120

FROM 5/ 1/2008

WORKSHEET C

TO 4/30/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,281,081		16,281,081			
26	INTENSIVE CARE UNIT	2,798,412		2,798,412			
33	NURSERY	696,871		696,871			
34	SKILLED NURSING FACILITY	2,404,246		2,404,246			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,937,154	27,538,389	39,475,543	.149856	.149856	.149856
39	DELIVERY ROOM & LABOR ROO	512,356		512,356	2.220823	2.220823	2.220823
40	ANESTHESIOLOGY	1,400,889	2,604,239	4,005,128	.068614	.068614	.068614
41	RADIOLOGY-DIAGNOSTIC	4,499,667	21,152,899	25,652,566	.200423	.200423	.200423
42	RADIOLOGY-THERAPEUTIC	1,232,566	5,538,892	6,771,458	.115297	.115297	.115297
43	RADIOISOTOPE	4,687,015	23,204,414	27,891,429	.056459	.056459	.056459
44	LABORATORY	6,713,135	13,660,817	20,373,952	.168253	.168253	.168253
47	BLOOD STORING, PROCESSING	685,237	313,730	998,967	.744922	.744922	.744922
49	RESPIRATORY THERAPY	2,094,844	280,238	2,375,082	.377117	.377117	.377117
50	PHYSICAL THERAPY	2,005,197	1,134,955	3,140,152	.343196	.343196	.343196
51	OCCUPATIONAL THERAPY	957,086	143,362	1,100,448	.254989	.254989	.254989
52	SPEECH PATHOLOGY	117,053	256,982	374,035	.718858	.718858	.718858
53	ELECTROCARDIOLOGY	3,632,358	4,984,841	8,617,199	.116914	.116914	.116914
54	ELECTROENCEPHALOGRAPHY	215,084	1,263,862	1,478,946	.014381	.014381	.014381
55	MEDICAL SUPPLIES CHARGED	10,515,822	4,496,548	15,012,370	.527756	.527756	.527756
56	DRUGS CHARGED TO PATIENTS	15,061,636	6,757,086	21,818,722	.124132	.124132	.124132
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC	1,527	1,780,185	1,781,712	.211909	.211909	.211909
61	EMERGENCY	3,653,225	15,700,843	19,354,068	.209500	.209500	.209500
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	679,661	1,413,411	2,093,072	.547906	.547906	.547906
101	SUBTOTAL	92,782,122	132,225,693	225,007,815			
102	LESS OBSERVATION BEDS						
103	TOTAL	92,782,122	132,225,693	225,007,815			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0120

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	12,848,938		12,848,938		12,848,938
26	INTENSIVE CARE UNIT	2,481,651		2,481,651		2,481,651
33	NURSERY	664,109		664,109		664,109
34	SKILLED NURSING FACILITY	2,536,769		2,536,769		2,536,769
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,915,646		5,915,646		5,915,646
39	DELIVERY ROOM & LABOR ROO	1,137,852		1,137,852		1,137,852
40	ANESTHESIOLOGY	274,809		274,809		274,809
41	RADIOLOGY-DIAGNOSTIC	5,141,377		5,141,377		5,141,377
42	RADIOLOGY-THERAPEUTIC	780,728		780,728		780,728
43	RADIOISOTOPE	1,574,711		1,574,711		1,574,711
44	LABORATORY	3,427,982		3,427,982		3,427,982
47	BLOOD STORING, PROCESSING	744,152		744,152		744,152
49	RESPIRATORY THERAPY	895,684		895,684		895,684
50	PHYSICAL THERAPY	1,077,687		1,077,687		1,077,687
51	OCCUPATIONAL THERAPY	280,602		280,602		280,602
52	SPEECH PATHOLOGY	268,878		268,878		268,878
53	ELECTROCARDIOLOGY	1,007,468		1,007,468		1,007,468
54	ELECTROENCEPHALOGRAPHY	21,268		21,268		21,268
55	MEDICAL SUPPLIES CHARGED	7,922,869		7,922,869		7,922,869
56	DRUGS CHARGED TO PATIENTS	2,708,392		2,708,392		2,708,392
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE CLINIC	377,560		377,560		377,560
61	EMERGENCY	4,054,686		4,054,686		4,054,686
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,146,807		1,146,807		1,146,807
101	SUBTOTAL	57,290,625		57,290,625		57,290,625
102	LESS OBSERVATION BEDS	1,146,807		1,146,807		1,146,807
103	TOTAL	56,143,818		56,143,818		56,143,818

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0120

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 9/23/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,281,081		16,281,081			
26	INTENSIVE CARE UNIT	2,798,412		2,798,412			
33	NURSERY	696,871		696,871			
34	SKILLED NURSING FACILITY	2,404,246		2,404,246			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,937,154	27,538,389	39,475,543	.149856	.149856	.149856
39	DELIVERY ROOM & LABOR ROO	512,356		512,356	2.220823	2.220823	2.220823
40	ANESTHESIOLOGY	1,400,889	2,604,239	4,005,128	.068614	.068614	.068614
41	RADIOLOGY-DIAGNOSTIC	4,499,667	21,152,899	25,652,566	.200423	.200423	.200423
42	RADIOLOGY-THERAPEUTIC	1,232,566	5,538,892	6,771,458	.115297	.115297	.115297
43	RADIOISOTOPE	4,687,015	23,204,414	27,891,429	.056459	.056459	.056459
44	LABORATORY	6,713,135	13,660,817	20,373,952	.168253	.168253	.168253
47	BLOOD STORING, PROCESSING	685,237	313,730	998,967	.744922	.744922	.744922
49	RESPIRATORY THERAPY	2,094,844	280,238	2,375,082	.377117	.377117	.377117
50	PHYSICAL THERAPY	2,005,197	1,134,955	3,140,152	.343196	.343196	.343196
51	OCCUPATIONAL THERAPY	957,086	143,362	1,100,448	.254989	.254989	.254989
52	SPEECH PATHOLOGY	117,053	256,982	374,035	.718858	.718858	.718858
53	ELECTROCARDIOLOGY	3,632,358	4,984,841	8,617,199	.116914	.116914	.116914
54	ELECTROENCEPHALOGRAPHY	215,084	1,263,862	1,478,946	.014381	.014381	.014381
55	MEDICAL SUPPLIES CHARGED	10,515,822	4,496,548	15,012,370	.527756	.527756	.527756
56	DRUGS CHARGED TO PATIENTS	15,061,636	6,757,086	21,818,722	.124132	.124132	.124132
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC	1,527	1,780,185	1,781,712	.211909	.211909	.211909
61	EMERGENCY	3,653,225	15,700,843	19,354,068	.209500	.209500	.209500
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	679,661	1,413,411	2,093,072	.547906	.547906	.547906
101	SUBTOTAL	92,782,122	132,225,693	225,007,815			
102	LESS OBSERVATION BEDS						
103	TOTAL	92,782,122	132,225,693	225,007,815			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,915,646	710,187	5,205,459			5,915,646
39	DELIVERY ROOM & LABOR ROO	1,137,852	90,304	1,047,548			1,137,852
40	ANESTHESIOLOGY	274,809	57,329	217,480			274,809
41	RADIOLOGY-DIAGNOSTIC	5,141,377	619,056	4,522,321			5,141,377
42	RADIOLOGY-THERAPEUTIC	780,728	78,889	701,839			780,728
43	RADIOISOTOPE	1,574,711	398,521	1,176,190			1,574,711
44	LABORATORY	3,427,982	242,058	3,185,924			3,427,982
47	BLOOD STORING, PROCESSING	744,152	17,113	727,039			744,152
49	RESPIRATORY THERAPY	895,684	75,188	820,496			895,684
50	PHYSICAL THERAPY	1,077,687	63,798	1,013,889			1,077,687
51	OCCUPATIONAL THERAPY	280,602	13,565	267,037			280,602
52	SPEECH PATHOLOGY	268,878	23,011	245,867			268,878
53	ELECTROCARDIOLOGY	1,007,468	137,621	869,847			1,007,468
54	ELECTROENCEPHALOGRAPHY	21,268	2,832	18,436			21,268
55	MEDICAL SUPPLIES CHARGED	7,922,869	521,189	7,401,680			7,922,869
56	DRUGS CHARGED TO PATIENTS	2,708,392	60,763	2,647,629			2,708,392
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 URGENT CARE CLINIC	377,560	21,310	356,250			377,560
61	EMERGENCY	4,054,686	267,569	3,787,117			4,054,686
62	OBSERVATION BEDS (NON-DIS	1,146,807	80,403	1,066,404			1,146,807
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,759,158	3,480,706	35,278,452			38,759,158
102	LESS OBSERVATION BEDS	1,146,807	80,403	1,066,404			1,146,807
103	TOTAL	37,612,351	3,400,303	34,212,048			37,612,351

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,915,646	710,187	5,205,459			5,915,646
39	DELIVERY ROOM & LABOR ROO	1,137,852	90,304	1,047,548			1,137,852
40	ANESTHESIOLOGY	274,809	57,329	217,480			274,809
41	RADIOLOGY-DIAGNOSTIC	5,141,377	619,056	4,522,321			5,141,377
42	RADIOLOGY-THERAPEUTIC	780,728	78,889	701,839			780,728
43	RADIOISOTOPE	1,574,711	398,521	1,176,190			1,574,711
44	LABORATORY	3,427,982	242,058	3,185,924			3,427,982
47	BLOOD STORING, PROCESSING	744,152	17,113	727,039			744,152
49	RESPIRATORY THERAPY	895,684	75,188	820,496			895,684
50	PHYSICAL THERAPY	1,077,687	63,798	1,013,889			1,077,687
51	OCCUPATIONAL THERAPY	280,602	13,565	267,037			280,602
52	SPEECH PATHOLOGY	268,878	23,011	245,867			268,878
53	ELECTROCARDIOLOGY	1,007,468	137,621	869,847			1,007,468
54	ELECTROENCEPHALOGRAPHY	21,268	2,832	18,436			21,268
55	MEDICAL SUPPLIES CHARGED	7,922,869	521,189	7,401,680			7,922,869
56	DRUGS CHARGED TO PATIENTS	2,708,392	60,763	2,647,629			2,708,392
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 URGENT CARE CLINIC	377,560	21,310	356,250			377,560
61	EMERGENCY	4,054,686	267,569	3,787,117			4,054,686
62	OBSERVATION BEDS (NON-DIS	1,146,807	80,403	1,066,404			1,146,807
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	38,759,158	3,480,706	35,278,452			38,759,158
102	LESS OBSERVATION BEDS	1,146,807	80,403	1,066,404			1,146,807
103	TOTAL	37,612,351	3,400,303	34,212,048			37,612,351

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	39,475,543	.149856	.149856
39	DELIVERY ROOM & LABOR ROO	512,356	2.220823	2.220823
40	ANESTHESIOLOGY	4,005,128	.068614	.068614
41	RADIOLOGY-DIAGNOSTIC	25,652,566	.200423	.200423
42	RADIOLOGY-THERAPEUTIC	6,771,458	.115297	.115297
43	RADIOISOTOPE	27,891,429	.056459	.056459
44	LABORATORY	20,373,952	.168253	.168253
47	BLOOD STORING, PROCESSING	998,967	.744922	.744922
49	RESPIRATORY THERAPY	2,375,082	.377117	.377117
50	PHYSICAL THERAPY	3,140,152	.343196	.343196
51	OCCUPATIONAL THERAPY	1,100,448	.254989	.254989
52	SPEECH PATHOLOGY	374,035	.718858	.718858
53	ELECTROCARDIOLOGY	8,617,199	.116914	.116914
54	ELECTROENCEPHALOGRAPHY	1,478,946	.014381	.014381
55	MEDICAL SUPPLIES CHARGED	15,012,370	.527756	.527756
56	DRUGS CHARGED TO PATIENTS	21,818,722	.124132	.124132
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 URGENT CARE CLINIC	1,781,712	.211909	.211909
61	EMERGENCY	19,354,068	.209500	.209500
62	OBSERVATION BEDS (NON-DIS	2,093,072	.547906	.547906
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	202,827,205		
102	LESS OBSERVATION BEDS	2,093,072		
103	TOTAL	200,734,133		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				900,837		900,837
26	INTENSIVE CARE UNIT				150,887		150,887
33	NURSERY				46,910		46,910
101	TOTAL				1,098,634		1,098,634

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,428	8,125			58.39	474,419
26	INTENSIVE CARE UNIT	1,592	809			94.78	76,677
33	NURSERY	949				49.43	
101	TOTAL	17,969	8,934				551,096

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		710,187	39,475,543	4,588,567		
39	DELIVERY ROOM & LABOR ROO		90,304	512,356			
40	ANESTHESIOLOGY		57,329	4,005,128	483,797		
41	RADIOLOGY-DIAGNOSTIC		619,056	25,652,566	2,652,106		
42	RADIOLOGY-THERAPEUTIC		78,889	6,771,458	747,790		
43	RADIOISOTOPE		398,521	27,891,429	2,795,536		
44	LABORATORY		242,058	20,373,952	3,809,320		
47	BLOOD STORING, PROCESSING		17,113	998,967	457,635		
49	RESPIRATORY THERAPY		75,188	2,375,082	1,220,125		
50	PHYSICAL THERAPY		63,798	3,140,152	784,089		
51	OCCUPATIONAL THERAPY		13,565	1,100,448	162,031		
52	SPEECH PATHOLOGY		23,011	374,035	73,394		
53	ELECTROCARDIOLOGY		137,621	8,617,199	2,346,573		
54	ELECTROENCEPHALOGRAPHY		2,832	1,478,946	26,486		
55	MEDICAL SUPPLIES CHARGED		521,189	15,012,370	5,467,387		
56	DRUGS CHARGED TO PATIENTS		60,763	21,818,722	7,842,007		
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 URGENT CARE CLINIC		21,310	1,781,712	279		
61	EMERGENCY		267,569	19,354,068	2,089,600		
62	OBSERVATION BEDS (NON-DIS		80,403	2,093,072	57,625		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,480,706	202,827,205	35,604,347		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.017991	82,553
39	DELIVERY ROOM & LABOR ROO	.176252	
40	ANESTHESIOLOGY	.014314	6,925
41	RADIOLOGY-DIAGNOSTIC	.024132	64,001
42	RADIOLOGY-THERAPEUTIC	.011650	8,712
43	RADIOISOTOPE	.014288	39,943
44	LABORATORY	.011881	45,259
47	BLOOD STORING, PROCESSING	.017131	7,840
49	RESPIRATORY THERAPY	.031657	38,625
50	PHYSICAL THERAPY	.020317	15,930
51	OCCUPATIONAL THERAPY	.012327	1,997
52	SPEECH PATHOLOGY	.061521	4,515
53	ELECTROCARDIOLOGY	.015971	37,477
54	ELECTROENCEPHALOGRAPHY	.001915	51
55	MEDICAL SUPPLIES CHARGED	.034717	189,811
56	DRUGS CHARGED TO PATIENTS	.002785	21,840
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	URGENT CARE CLINIC	.011960	3
61	EMERGENCY	.013825	28,889
62	OBSERVATION BEDS (NON-DIS	.038414	2,214
	OTHER REIMBURS COST CNTRS		
101	TOTAL		596,585

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,428	
26	INTENSIVE CARE UNIT					1,592	
33	NURSERY					949	
34	SKILLED NURSING FACILITY					4,358	
35	NURSING FACILITY						
101	TOTAL					22,327	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	8,125	
26	INTENSIVE CARE UNIT	809	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,253	
35	NURSING FACILITY		
101	TOTAL	12,187	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			39,475,543			4,588,567	
	OPERATING ROOM			512,356				
39	DELIVERY ROOM & LABOR ROO			4,005,128			483,797	
40	ANESTHESIOLOGY			25,652,566			2,652,106	
41	RADIOLOGY-DIAGNOSTIC			6,771,458			747,790	
42	RADIOLOGY-THERAPEUTIC			27,891,429			2,795,536	
43	RADIOISOTOPE			20,373,952			3,809,320	
44	LABORATORY			998,967			457,635	
47	BLOOD STORING, PROCESSING			2,375,082			1,220,125	
49	RESPIRATORY THERAPY			3,140,152			784,089	
50	PHYSICAL THERAPY			1,100,448			162,031	
51	OCCUPATIONAL THERAPY			374,035			73,394	
52	SPEECH PATHOLOGY			8,617,199			2,346,573	
53	ELECTROCARDIOLOGY			1,478,946			26,486	
54	ELECTROENCEPHALOGRAPHY			15,012,370			5,467,387	
55	MEDICAL SUPPLIES CHARGED			21,818,722			7,842,007	
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 URGENT CARE CLINIC			1,781,712			279	
61	EMERGENCY			19,354,068			2,089,600	
62	OBSERVATION BEDS (NON-DIS			2,093,072			57,625	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			202,827,205			35,604,347	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,018,560					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	760,325					
41	RADIOLOGY-DIAGNOSTIC	6,097,532					
42	RADIOLOGY-THERAPEUTIC	1,794,506					
43	RADIOISOTOPE	7,219,192					
44	LABORATORY	472,435					
47	BLOOD STORING, PROCESSING	190,032					
49	RESPIRATORY THERAPY	194,517					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,747,892					
54	ELECTROENCEPHALOGRAPHY	380,011					
55	MEDICAL SUPPLIES CHARGED	1,463,849					
56	DRUGS CHARGED TO PATIENTS	2,308,556					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE CLINIC	127,954					
61	EMERGENCY	2,874,843					
62	OBSERVATION BEDS (NON-DIS	319,664					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	33,969,868					

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		8,018,560				
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY		760,325				
41	RADIOLOGY-DIAGNOSTIC		6,097,532				
42	RADIOLOGY-THERAPEUTIC		1,794,506				
43	RADIOISOTOPE		7,219,192				
44	LABORATORY		472,435				
47	BLOOD STORING, PROCESSING & TRANS.		190,032				
49	RESPIRATORY THERAPY		194,517				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		1,747,892				
54	ELECTROENCEPHALOGRAPHY		380,011				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,463,849	13,532			
56	DRUGS CHARGED TO PATIENTS		2,308,556				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC		127,954				
61	EMERGENCY		2,874,843				
62	OBSERVATION BEDS (NON-DISTINCT PART)		319,664				
101	SUBTOTAL		33,969,868	13,532			
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104	NET CHARGES		33,969,868	13,532			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-5766
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0120
 COMPONENT NO: 14-5766
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	URGENT CARE CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			39,475,543			1,110	
39	DELIVERY ROOM & LABOR ROO			512,356				
40	ANESTHESIOLOGY			4,005,128			317	
41	RADIOLOGY-DIAGNOSTIC			25,652,566			73,760	
42	RADIOLOGY-THERAPEUTIC			6,771,458			5,633	
43	RADIOISOTOPE			27,891,429			2,022	
44	LABORATORY			20,373,952			213,630	
47	BLOOD STORING, PROCESSING			998,967			15,198	
49	RESPIRATORY THERAPY			2,375,082			228,284	
50	PHYSICAL THERAPY			3,140,152			693,593	
51	OCCUPATIONAL THERAPY			1,100,448			537,586	
52	SPEECH PATHOLOGY			374,035			25,099	
53	ELECTROCARDIOLOGY			8,617,199			63,912	
54	ELECTROENCEPHALOGRAPHY			1,478,946				
55	MEDICAL SUPPLIES CHARGED			15,012,370			629,204	
56	DRUGS CHARGED TO PATIENTS			21,818,722			1,321,922	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 URGENT CARE CLINIC			1,781,712				
61	EMERGENCY			19,354,068			372	
62	OBSERVATION BEDS (NON-DIS			2,093,072				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			202,827,205			3,811,642	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,377
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	832.83
85	OBSERVATION BED COST	1,146,807

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	12,848,938		1,146,807	
87	NEW CAPITAL-RELATED COST	900,837	.070110	1,146,807	80,403
88	NON PHYSICIAN ANESTHETIST	12,848,938		1,146,807	
89	MEDICAL EDUCATION	12,848,938		1,146,807	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,536,769
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		582.09
68	PROGRAM ROUTINE SERVICE COST		1,893,539
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		1,893,539
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		207,462
72	PER DIEM CAPITAL-RELATED COSTS		47.60
73	PROGRAM CAPITAL-RELATED COSTS		154,843
74	INPATIENT ROUTINE SERVICE COST		1,738,696
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		1,738,696
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		1,893,539
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,045,958
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		2,939,497

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,730,121	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,689,159	
37	OPERATING ROOM	.149856	4,588,567	687,624
39	DELIVERY ROOM & LABOR ROOM	2.220823		
40	ANESTHESIOLOGY	.068614	483,797	33,195
41	RADIOLOGY-DIAGNOSTIC	.200423	2,652,106	531,543
42	RADIOLOGY-THERAPEUTIC	.115297	747,790	86,218
43	RADIOISOTOPE	.056459	2,795,536	157,833
44	LABORATORY	.168253	3,809,320	640,930
47	BLOOD STORING, PROCESSING & TRANS.	.744922	457,635	340,902
49	RESPIRATORY THERAPY	.377117	1,220,125	460,130
50	PHYSICAL THERAPY	.343196	784,089	269,096
51	OCCUPATIONAL THERAPY	.254989	162,031	41,316
52	SPEECH PATHOLOGY	.718858	73,394	52,760
53	ELECTROCARDIOLOGY	.116914	2,346,573	274,347
54	ELECTROENCEPHALOGRAPHY	.014381	26,486	381
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.527756	5,467,387	2,885,446
56	DRUGS CHARGED TO PATIENTS	.124132	7,842,007	973,444
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 URGENT CARE CLINIC	.211909	279	59
61	EMERGENCY	.209500	2,089,600	437,771
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.547906	57,625	31,573
101	TOTAL		35,604,347	7,904,568
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		35,604,347	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,758,224	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		180,682	
37	OPERATING ROOM	.149856	1,332,905	199,744
39	DELIVERY ROOM & LABOR ROOM	2.220823		
40	ANESTHESIOLOGY	.068614	267,711	18,369
41	RADIOLOGY-DIAGNOSTIC	.200423	190,714	38,223
42	RADIOLOGY-THERAPEUTIC	.115297	51,941	5,989
43	RADIOISOTOPE	.056459	301,792	17,039
44	LABORATORY	.168253	586,279	98,643
47	BLOOD STORING, PROCESSING & TRANS.	.744922	43,331	32,278
49	RESPIRATORY THERAPY	.377117	45,828	17,283
50	PHYSICAL THERAPY	.343196	24,985	8,575
51	OCCUPATIONAL THERAPY	.254989	5,007	1,277
52	SPEECH PATHOLOGY	.718858	160	115
53	ELECTROCARDIOLOGY	.116914	148,484	17,360
54	ELECTROENCEPHALOGRAPHY	.014381	18,041	259
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.527756	956,468	504,782
56	DRUGS CHARGED TO PATIENTS	.124132	1,023,602	127,062
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 URGENT CARE CLINIC	.211909		
61	EMERGENCY	.209500	256,227	53,680
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.547906	57,012	31,237
101	TOTAL		5,310,487	1,171,915
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,310,487	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2008	9/23/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET E
14-0120		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,501,690	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,701,014	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	3,601,352	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	393,380	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	94.56	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.55	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	15.26	
4.02 SUM OF LINES 4 AND 4.01	17.81	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	4.33	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	467,816	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	11,665,252	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	11,665,252	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	936,651	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	12,601,903	
17 PRIMARY PAYER PAYMENTS	12,141	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	12,589,762	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,334,464	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	9,926	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,027	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,319	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	128,644	
22 SUBTOTAL	11,370,691	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	11,370,691	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	11,336,489	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	34,202	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	36,733	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2008	9/23/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET E
14-0120		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,142
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,458,257
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,181,034
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.790
1.04	LINE 1.01 TIMES LINE 1.03.	4,312,023
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	7,142
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	13,532
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	13,532
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	13,532
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	6,390
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,142
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,181,034
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,706
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,474,319
19	SUBTOTAL (SEE INSTRUCTIONS)	3,711,151
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,711,151
24	PRIMARY PAYER PAYMENTS	153
25	SUBTOTAL	3,710,998
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	194,930
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	136,451
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	135,123
28	SUBTOTAL	3,847,449
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,847,449
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,872,019
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-24,570
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		828
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		-828
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		828
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		-828
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		1,252,439
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		1,251,611
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,251,611
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		1,251,611
36	COINSURANCE		27,049
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		1,224,562
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		1,224,562
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,224,562
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		1,224,562
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2008	9/23/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET E-3
14-5766		PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	7,487,994			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	9,635,155			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,025,003			
8	PREPAID EXPENSES	1,066,031			
9	OTHER CURRENT ASSETS	5,599,295			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	24,813,478			
FIXED ASSETS					
12	LAND	1,449,581			
12.01	LAND IMPROVEMENTS	1,494,307			
13.01	LESS ACCUMULATED DEPRECIATION	-1,219,002			
14	BUILDINGS	11,554,361			
14.01	LESS ACCUMULATED DEPRECIATION	-7,474,970			
15	LEASEHOLD IMPROVEMENTS	16,941,058			
15.01	LESS ACCUMULATED DEPRECIATION	-12,245,074			
16	FIXED EQUIPMENT	14,475,153			
16.01	LESS ACCUMULATED DEPRECIATION	-12,309,881			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	21,404,199			
18.01	LESS ACCUMULATED DEPRECIATION	-13,370,490			
19	MINOR EQUIPMENT DEPRECIABLE	1,517,991			
19.01	LESS ACCUMULATED DEPRECIATION	-1,325,781			
20	MINOR EQUIPMENT-NONDEPRECIABLE	390,149			
21	TOTAL FIXED ASSETS	21,281,601			
OTHER ASSETS					
22	INVESTMENTS	19,284,892			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	19,284,892			
27	TOTAL ASSETS	65,379,971			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,528,381			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,384,730			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	4,105,000			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	12,018,111			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	28,073,561			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,834,172			
42 TOTAL LONG-TERM LIABILITIES	29,907,733			
43 TOTAL LIABILITIES	41,925,844			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	23,454,127			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	23,454,127			
52 TOTAL LIABILITIES AND FUND BALANCES	65,379,971			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		29,125,276		
2	NET INCOME (LOSS)		-5,671,149		
3	TOTAL		23,454,127		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		23,454,127		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		23,454,127		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0120
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 9/23/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	236,042,963
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	159,958,176
3	NET PATIENT REVENUES	76,084,787
4	LESS: TOTAL OPERATING EXPENSES	71,889,644
5	NET INCOME FROM SERVICE TO PATIENTS	4,195,143
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	844,411
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	4,534
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	481,663
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	29,730
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	1,000
22	RENTAL OF HOSPITAL SPACE	45,446
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	GARDEN COURT RESTURANT	40,390
24.02	WELLNESS CENTER	26,690
24.03	AUTOPSY FEE	6,885
24.04	NEISS PAYMENTS-PT REG	3,889
24.05	MISCELLANEOUS INCOME	70,956
25	TOTAL OTHER INCOME	1,555,594
26	TOTAL OTHER EXPENSES	5,750,737
27	UNREALIZED LOSS ON INVESTMENT	5,148,716
28	TRANSFER TO AFFILIATES	2,609,317
29	CHANGE IN PENSION LIABILITY	3,663,853
30	TOTAL OTHER EXPENSES	11,421,886
31	NET INCOME (OR LOSS) FOR THE PERIOD	-5,671,149

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	187,775		39,288		21,055	248,118
HHA REIMBURSABLE SERVICES						
6	192,386				1,041	193,427
7				206,064		206,064
8				6,739		6,739
9				1,327		1,327
10	49					49
11	45,102					45,102
12					8,188	8,188
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	425,312		39,288	214,130	30,284	709,014

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-832	247,286		247,286
HHA REIMBURSABLE SERVICES				
6		193,427		193,427
7		206,064		206,064
8		6,739		6,739
9		1,327		1,327
10		49		49
11		45,102		45,102
12	-8,188			
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-9,020	699,994		699,994

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5		247,286				247,286	247,286
HHA REIMBURSABLE SERVICES							
6		193,427				193,427	105,657
7		206,064				206,064	112,560
8		6,739				6,739	3,681
9		1,327				1,327	725
10		49				49	27
11		45,102				45,102	24,636
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		699,994				699,994	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		299,084					
7		318,624					
8		10,420					
9		2,052					
10		76					
11		69,738					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		699,994					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-247,286	452,708
6	SKILLED NURSING CARE					193,427	
7	PHYSICAL THERAPY					206,064	
8	OCCUPATIONAL THERAPY					6,739	
9	SPEECH PATHOLOGY					1,327	
10	MEDICAL SOCIAL SERVICES					49	
11	HOME HEALTH AIDE					45,102	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-247,286	452,708
25	COST TO BE ALLOCATED					247,286	
26	UNIT COST MULTIPLIER					.546237	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		14,708	185	48,400	63,293	16,103
2 SKILLED NURSING CARE	299,084			49,588	348,672	88,711
3 PHYSICAL THERAPY	318,624				318,624	81,067
4 OCCUPATIONAL THERAPY	10,420				10,420	2,651
5 SPEECH PATHOLOGY	2,052				2,052	522
6 MEDICAL SOCIAL SERVICES	76			13	89	23
7 HOME HEALTH AIDE	69,738			11,625	81,363	20,701
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	699,994	14,708	185	109,626	824,513	209,778
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	33,131		16,992		5,682	
2 SKILLED NURSING CARE					7,551	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					1,888	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	33,131		16,992		15,121	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL	281	167		135,649		135,649
2 SKILLED NURSING CARE				444,934		444,934
3 PHYSICAL THERAPY				399,691		399,691
4 OCCUPATIONAL THERAPY				13,071		13,071
5 SPEECH PATHOLOGY				2,574		2,574
6 MEDICAL SOCIAL SERVICES				112		112
7 HOME HEALTH AIDE				103,952		103,952
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	281	167		1,099,983		1,099,983
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	62,586	507,520
3 PHYSICAL THERAPY	56,223	455,914
4 OCCUPATIONAL THERAPY	1,839	14,910
5 SPEECH PATHOLOGY	362	2,936
6 MEDICAL SOCIAL SERVICES	16	128
7 HOME HEALTH AIDE	14,623	118,575
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	135,649	1,099,983
21 UNIT COST MULTIPLIER	0.140666	

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCU. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	1,862	189	187,775		63,293	1,862
2 SKILLED NURSING CARE			192,386		348,672	
3 PHYSICAL THERAPY					318,624	
4 OCCUPATIONAL THERAPY					10,420	
5 SPEECH PATHOLOGY					2,052	
6 MEDICAL SOCIAL SERVICES			49		89	
7 HOME HEALTH AIDE			45,102		81,363	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,862	189	425,312		824,513	1,862
21 COST TO BE ALLOCATED	14,708	185	109,626		209,778	33,131
22 UNIT COST MULTIPLIER	7.899033	0.978836	0.257754		0.254427	17.793233

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		1,862		301		2,905
2 SKILLED NURSING CARE				400		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				100		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,862		801		2,905
21 COST TO BE ALLOCATED		16,992		15,121		281
22 UNIT COST MULTIPLIER		9.125671		18.877653		0.096730

HHA 1

PHARMACY	MEDICAL RECO
	RDS & LIBRAR
(COSTED	R (TIME
EQUI S.) SPENT

HHA COST CENTER	16	17
1 ADMIN & GENERAL	238	
2 SKILLED NURSING CARE		
3 PHYSICAL THERAPY		
4 OCCUPATIONAL THERAPY		
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES		
7 HOME HEALTH AIDE		
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19)	238	
21 COST TO BE ALLOCATED	167	
22 UNIT COST MULTIPLIER	0.701681	

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM PART I) WKST H-5 PART I)	(FROM PART II) WKST H-5 PART II)				PART A
1 SKILLED NURSING	2	2	507,520	2	507,520	3,962	128.10	1,802
2 PHYSICAL THERAPY	3	3	455,914		455,914	2,907	156.83	1,448
3 OCCUPATIONAL THERAPY	4	4	14,910		14,910	93	160.32	34
4 SPEECH PATHOLOGY	5	5	2,936		2,936	28	104.86	2
5 MEDICAL SOCIAL SERVICES	6	6	128		128	1	128.00	
6 HOME HEALTH AIDE SERVICE	7	7	118,575		118,575	922	128.61	415
7 TOTAL			1,099,983		1,099,983	7,913		3,701

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11
2 PHYSICAL THERAPY	697	520	230,836	89,286	320,122
3 OCCUPATIONAL THERAPY	40		227,090	81,552	308,642
4 SPEECH PATHOLOGY	20		5,451	6,413	11,864
5 MEDICAL SOCIAL SERVICES			210	2,097	2,307
6 HOME HEALTH AIDE SERVICES	349		53,373	44,885	98,258
7 TOTAL	1,626		516,960	224,233	741,193

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
							PART A
8 SKILLED NURSING		6120					6
8.01 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		6120					
9.01 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		6120					
10.01 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		6120					
11.01 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		6120					
12.01 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		6120					
13.01 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	8	9	10	11
8.01 SKILLED NURSING	6120	9914	230,836	89,286	320,122
9 PHYSICAL THERAPY	6120		227,090	81,552	308,642
9.01 PHYSICAL THERAPY	9914		5,451	6,413	11,864
10 OCCUPATIONAL THERAPY	6120		210	2,097	2,307
10.01 OCCUPATIONAL THERAPY	9914		53,373	44,885	98,258
11 SPEECH PATHOLOGY	6120		516,960	224,233	741,193
11.01 SPEECH PATHOLOGY	9914				
12 MEDICAL SOCIAL SERVICES	6120				
12.01 MEDICAL SOCIAL SERVICES	9914				
13 HOME HEALTH AIDE SERVICE	6120				
13.01 HOME HEALTH AIDE SERVICE	9914				
14 TOTAL					

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/1/2008	9/23/2009
HHA NO:	TO 4/30/2009	WORKSHEET H-6
14-7057		PARTS III & III
		HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	8.00	1	2	6,979	13,224	.527753	8,088
16 COST OF DRUGS	9.00		99	99	800	.123750	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	
		PART A	NOT SUBJECT TO DEDUCT & COINSUR
		9	10
			SUBJECT TO DEDUCT & COINSUR
			11
15 COST OF MEDICAL SUPPLIES	5,136	4,268	2,711
16 COST OF DRUGS	225		28
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	6120	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	6120	
17.01 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.343196			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.254989			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.718858			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.527756	13,224	6,979	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.124132	800	99	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
		2	PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	1/1/1999
	1		2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	156.83					
2 OCCUPATIONAL THERAPY	3	160.32					
3 SPEECH PATHOLOGY	4	104.86					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2008	9/23/2009
HHA NO:	TO 4/30/2009	WORKSHEET H-7
14-7057		PARTS I & II

TITLE XVII I

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES		28	
2 TOTAL CHARGES		225	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES		225	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		197	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		28
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	555,331	234,565
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,699	
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	1,737	2,227
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	7,731	4,582
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	567,498	241,402
13 EXCESS REASONABLE COST		
14 SUBTOTAL	567,498	241,402
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	567,498	241,402
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	567,498	241,402
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	567,498	241,402
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	567,498	241,402
25 INTERIM PAYMENTS	567,498	241,486
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		-84
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO: 14-0120
 HHA NO: 14-7057

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 9/23/2009
 WORKSHEET H-8

TITLE XVIII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		567,498		241,486
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		567,498		241,486
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				84
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		567,498		241,402

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0120	FROM 5/ 1/2008	9/23/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET L
14-0120		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	899,839
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	36,812
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	42.86
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	936,651
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	